

# 2026 Human Accident/Injury Worksheet

This document can be used to complete the online accident/injury report.



In case of fatality or serious injury, USEF should be called immediately on the main line at

859-810-8733 during business hours or on the hotline at 859-312-5186 during all other hours. **A serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.**

**Please provide a copy of the entry blank and liability waiver if the individual is a participant.** Reports, entry blanks, and liability waivers for all apparent concussions or head injuries, fatalities, and serious injuries must be submitted within 24 hours of the incident.

**\*Indicates information that is required on the online Accident/Injury Report**

## ACCIDENT/INJURY TYPE

☐ FATALITY ☐ SERIOUS INJURY ☐ APPARENT CONCUSSION OR LOSS OF CONSCIOUSNESS ☐ OTHER

## INCIDENT DESCRIPTION

1. Competition Name\* \_\_\_\_\_ USEF Competition Number\* \_\_\_\_\_

Incident Date\* \_\_\_\_\_ Incident Time\* \_\_\_\_\_

2. Did you call this incident in to USEF on either the main line or the hotline?\* ☐ Yes ☐ No

If yes, date and time reported \_\_\_\_\_ Reported to \_\_\_\_\_

3. Did you witness the incident?\* ☐ Yes ☐ No

4. Person's Name\* \_\_\_\_\_ USEF ID \_\_\_\_\_

Age\* ☐ Junior ☐ Senior

Gender ☐ Male ☐ Female ☐ Nonbinary

5. Horse's Name (if involved in incident) \_\_\_\_\_ USEF ID \_\_\_\_\_

Age \_\_\_\_\_

Horse Sex ☐ Stallion ☐ Mare ☐ Gelding

6. Category of Participation\*

☐ Rider ☐ Handler ☐ Groom ☐ Official ☐ Ring/Jump Crew ☐ Spectator ☐ Visitor ☐ Volunteer ☐ Vaulteer

☐ Other \_\_\_\_\_

7. Location where incident occurred\*

☐ Warm-Up Ring ☐ Cross-Country Course ☐ Show Jumping ☐ Dressage ☐ Stabling ☐ Parking

☐ Other \_\_\_\_\_

Class Number \_\_\_\_\_ Class Name \_\_\_\_\_

**8. Was the incident related to a fence?\*** ☐ Yes ☐ No

If yes, fence type \_\_\_\_\_ Fence height \_\_\_\_\_ Frangible (Cross-country) ☐ Yes ☐ No ☐ N/A

Were FEI Approved Safety Cups used? ☐ Yes ☐ No

**9. Was this a Rotational Fall?\*** ☐ Yes ☐ No ☐ N/A

**10. Ring Location\*** ☐ Indoor ☐ Outdoor ☐ Covered ☐ N/A

**Type of Footing\*** ☐ Sand ☐ Dirt ☐ Grass ☐ Artificial ☐ Natural ☐ Other \_\_\_\_\_

**Footing Condition\*** ☐ Deep ☐ Heavy ☐ Slippery ☐ Good ☐ Firm ☐ Hard ☐ Rough/Rugged ☐ Other \_\_\_\_\_

**Weather\*** ☐ Sunny ☐ Cloudy ☐ Raining ☐ Windy ☐ Foggy ☐ Snowing ☐ Extreme Temp ☐ Artificial Light

**11. Protective Equipment Worn\***

☐ Approved Helmet ☐ Unapproved Helmet ☐ Body Protecting Vest ☐ Inflatable Vest

**12. Treatment Level\***

☐ Onsite ☐ Ambulance ☐ Transported by Private Vehicle ☐ Refused Treatment ☐ Refused Transport

☐ None

**13. Suspected Type of Injury/Incident \***

☐ None ☐ Suspected Head Injury ☐ Fractures and Bone Stress ☐ Joint (Non-Bone) and Ligament

☐ Muscle and Tendon ☐ Contusions ☐ Lacerations/Abrasions/Skin Lesions

☐ Medical Condition: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**14. Location of Injury on Body\*** \_\_\_\_\_

**15. Description/Nature of Incident\*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. Safety Coordinator/Officer Name\*** \_\_\_\_\_ **USEF ID\*** \_\_\_\_\_

**Email\*** \_\_\_\_\_ **Phone Number\*** \_\_\_\_\_